



Volunteers In Government

Membership Application

This application must be typewritten or plainly printed in black ink. All questions must be answered factually and completely. Mark "N/A" next to any question that does not apply to you. Do not leave any question blank.

Name: _____
Date of Birth: _____ Spouse's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
S.S. #: _____ Physician: _____

Are there any health conditions or other limitations that should be considered in determining your volunteer assignment?

Year-round resident?

☐ Yes ☐ No Months away? _____

Emergency contact person: _____
Telephone # of contact person: _____
Relationship of contact person: _____

Are you fluent in a foreign language? ☐ Yes ☐ No
Identify Languages (S = Speak or R = Read): _____

Office Skills:

☐ Typing ☐ Computers ☐ Shorthand ☐ Accounting/
Bookkeeping

Educational background/special skills/training:

Volunteer background (where/what/when): _____

Employment background (where/what/when): _____

Hobbies and special interests: _____

Have you ever been convicted of a felony or a misdemeanor?

☐ Yes ☐ No

If "Yes", list circumstances:



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I agree to adhere to the policies and procedures of the Village of Westmont and to respect total confidentiality of information. I authorize the Village of Westmont to contact my reference(s). Any omission or misrepresentation will be cause for termination, if accepted.

Signature

Date

- FOR OFFICIAL USE ONLY -

Interviewed By:	_____
Interview Date:	_____
Assignment:	_____
Begin Training:	_____
End Training:	_____
Name Tag:	_____
Begin Assignment:	_____